AFFINITY SUBACUTE CARE 1506 SOUTH ONEIDA STREET

APPLETON 54915 Phone: (920) 831-8340 Ownership: Nonprofit Church Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 20 No Number of Residents on 12/31/02: Average Daily Census: 13

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/02)	Length of Stay (12/31/02)	용
Home Health Care	No	Primary Diagnosis		Age Groups	~~~~~~ 용		100.0
Supp. Home Care-Personal Care	No					1 - 4 Years	0.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	25.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	50.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	25.0	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	t
Congregate Meals	No	Cancer	12.5			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	12.5	65 & Over	100.0		
Transportation	No	Cerebrovascular	0.0			RNs	90.9
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	0.0
Other Services	No	Respiratory	37.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	37.5	Male	37.5	Aides, & Orderlies	64.2
Mentally Ill	No			Female	62.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare		_	dicaid tle 19			Other		P.	rivate Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	 3	37.5	307	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	37.5
Skilled Care	5	62.5	299	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	62.5
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		8	100.0

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12	2/31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	-	Activities of	9	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.3	Bathing	0.0		100.0	0.0	8
Other Nursing Homes	0.0	Dressing	0.0		100.0	0.0	8
Acute Care Hospitals	97.9	Transferring	0.0		100.0	0.0	8
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		100.0	0.0	8
Rehabilitation Hospitals	0.8				75.0	25.0	8
Other Locations	0.3	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	380	Continence		용	Special Trea	tments	용
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	0.0	Receiving	Respiratory Care	12.5
Private Home/No Home Health	38.1	Occ/Freq. Incontinent	of Bladder	0.0	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	21.9	Occ/Freq. Incontinent	c of Bowel	0.0	Receiving	Suctioning	0.0
Other Nursing Homes	12.1				Receiving	Ostomy Care	0.0
Acute Care Hospitals	9.5	Mobility			Receiving	Tube Feeding	25.0
Psych. HospMR/DD Facilities	0.5	Physically Restrained	i l	0.0	Receiving	Mechanically Altered Die	cs 25.0
Rehabilitation Hospitals	1.3						
Other Locations	11.6	Skin Care			Other Reside	nt Characteristics	
Deaths	4.9	With Pressure Sores		0.0	Have Advan	ce Directives	75.0
Total Number of Discharges	1	With Rashes		12.5	Medications		
(Including Deaths)	388				Receiving	Psychoactive Drugs	0.0

	This	Other	Hospital-	All
	Facility	Based	Facilities	Facilties
	%	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	65.0	87.4	0.74	85.1 0.76
Current Residents from In-County	50.0	84.3	0.59	76.6 0.65
Admissions from In-County, Still Residing	1.1	15.2	0.07	20.3 0.05
Admissions/Average Daily Census	2923.1	213.3	13.70	133.4 21.92
Discharges/Average Daily Census	2984.6	214.2	13.93	135.3 22.06
Discharges To Private Residence/Average Daily Census	1792.3	112.9	15.87	56.6 31.69
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3 1.16
Residents Aged 65 and Older	100.0	91.8	1.09	87.7 1.14
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5 0.00
Private Pay Funded Residents	0.0	22.6	0.00	21.0 0.00
Developmentally Disabled Residents	0.0	1.5	0.00	7.1 0.00
Mentally Ill Residents	0.0	31.3	0.00	33.3 0.00
General Medical Service Residents	37.5	21.8	1.72	20.5 1.83
<pre>Impaired ADL (Mean) *</pre>	52.5	48.9	1.07	49.3 1.07
Psychological Problems	0.0	51.6	0.00	54.0 0.00
Nursing Care Required (Mean) *	9.4	7.4	1.26	7.2 1.30